

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN5974AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/14/2011
NAME OF PROVIDER OR SUPPLIER SERENITY SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 3645 RIO POCO RENO, NV 89502		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/14/11. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for nine Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was seven. Seven resident files were reviewed and three employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of A.	Y 000		
Y 871 SS=C	NAC 449.2742(1)(d)(1-8)(1)(e) Medication Plan NAC 449.2742 d) Develop and maintain a plan for managing the administration of medications at the residential facility, including, without limitation: (1) Preventing the use of outdated, damaged or contaminated medications; (2) Managing the medications for each resident in a manner which ensures that any prescription medications, over-the-counter medications and nutritional supplements are ordered, filled and refilled in a timely manner to avoid missed dosages; (3) Verifying that orders for medications have been accurately transcribed in the record	Y 871		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 871	<p>Continued From page 1</p> <p>of the medication administered to each resident in accordance with NAC 449.2744;</p> <p>(4) Monitoring the administration of medications and the effective use of the records of the medication administered to each resident;</p> <p>(5) Ensuring that each caregiver who administers a medication is in compliance with the requirements of subsection 6 of NRS 449.037 and NAC 449.196;</p> <p>(6) Ensuring that each caregiver who administers a medication is adequately supervised;</p> <p>(7) Communicating routinely with the prescribing physician or other physician of the resident concerning issues or observations relating to the administration of the medication; and</p> <p>(8) Maintaining reference materials relating to medications at the residential facility, including, without limitation, a current drug guide or medication handbook, which must not be more than 2 years old or providing access to websites on the Internet which provide reliable information concerning medications.</p> <p>(e) Develop and maintain a training program for caregivers of the residential facility who administer medication to residents, including, without limitation, an initial orientation on the plan for managing medications at the facility for each new caregiver and an annual training update on the plan. The administrator shall maintain documentation concerning the provision of the training program and the attendance of caregivers.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 6/14/11,</p>	Y 871			

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Y 871	Continued From page 2 the administrator failed to prepare a medication plan that included all eight components. Severity: 1 Scope: 3	Y 871			
Y 878 SS=E	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order. This Regulation is not met as evidenced by: Based on record review and interview on 6/14/11, the facility failed to ensure 2 of 7 residents received medications as prescribed (Resident #2- Vitamin C prescribed 1000 milligrams each day - medication stored in resident's bin was Vitamin C 500 milligrams which was given once per day. Resident #7 - Methotrexate 2.5 milligrams, physician's order was to take two tablets by mouth twice per day on Sundays. This medication was being administered as two tablets by mouth on Sundays. Severity: 2 Scope: 2	Y 878			

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Y1001	Continued From page 3	Y1001			
Y1001 SS=C	<p>449.2758(1) Training Req-Elderly Disabled</p> <p>NAC 449.2758</p> <p>1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.</p> <p>2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.</p> <p>This Regulation is not met as evidenced by: Based on record review on 6/14/11, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 2 of 3 employees (Employee #1, #3).</p> <p>Severity: 1 Scope: 3</p>	Y1001			

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